



Request for Service Credit Cost Information — Peace Corps, AmeriCorps*VISTA, or AmeriCorps

888 CalPERS (or 888-225-7377) • TTY: For Speech & Hearing Impaired (916) 795-3240

Name of Member (Last Name, First Name, Middle Initial)

Social Security Number

Section 1

If we have provided cost information to you in the past for this service credit, check the **Yes** box and indicate the date your request was submitted. If you have submitted a retirement application, check the **Yes** box and indicate your planned retirement date.

About You

Have you requested this cost information before? ☐ No ☐ Yes

Requested Date (mm/dd/yyyy)

Have you submitted a retirement application? ☐ No ☐ Yes

Retirement Date (mm/dd/yyyy)

Former Name (if applicable)

Current Employer

Mailing Address

City

State

ZIP Code

Daytime Phone

Section 2

List your Peace Corps, AmeriCorps*VISTA, or AmeriCorps service dates.

Peace Corps, AmeriCorps*VISTA or AmeriCorps Service Dates (attach certification)

Indicate Peace Corps, AmeriCorps*VISTA, or AmeriCorps

Beginning Date of Service (mm/dd/yyyy)

Ending Date of Service (mm/dd/yyyy)

Section 3

Sign and date the request form. Make a copy for your records.

I hereby certify that the above information is true and correct.

Member Signature

Date (mm/dd/yyyy)

Attach a copy of your Peace Corps, AmeriCorps*VISTA, or AmeriCorps certification letter.

Mail to:

CalPERS Member Services Division • P.O. Box 4000, Sacramento, California 95812-4000